

~~CONFIDENTIAL~~

(Title to be determined)

(See Instructions on Reverse Side)

Sections 1 Through 9 Will Be Completed by Employee. Typewriter Will be Used if Possible.

1. Name (Printed) Last First Middle
2. Office Staff or Division Branch or Station
3. GS Rating Position Title

4. Description of duties since last evaluation report. (List more recent first.
Describe concisely but fully)

5. Since what date have you been performing the above duties?

6. If courses of instruction were completed during period of this report, list.

<u>Title</u>	<u>School</u>	<u>Length of Course</u>	<u>Date Completed</u>
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7. If there is any training which you would like to take to improve your value to the Agency, please specify

8. Considering your aptitudes, knowledges, skills, interests, and Agency interests, what types of work, other than your present job assignment, would you like to be considered for, in order of choice:

A.
B.
C.

These choices stem from your:

☐ Aptitudes ☐ Knowledge ☐ Skill ☐ Interest
Explain and expand

9. _____
Date

Signature of Employee

Sections 10 through 22 Will Be Completed by Immediate Supervisor

10. Period covered by this report _____ to _____
Mo. Yr. Mo. Yr.

11. Reason for report: ☐ Annual

☐ Reassignment of Supervisor

☐ Reassignment of Employee

☐ Special

☐ Covering initial 6 months of employment

12. Do you concur with employee's statements and remarks above?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Explain _____

13. For each factor below, check the appropriate box to indicate how the employee compares with all others of the same classification whose professional abilities are known to you personally. Do not limit this comparison to the others now under your supervision. Do not hesitate to mark "not observed" or "not applicable" on any quality when applicable.

Rating Factors	Not Observed	Not Applicable	Unsatisfactory	Fair	Good	Very Good	Excellent	Outstanding
A. Ability to work and get along with people								
B. Interest and enthusiasm in work								
C. Security consciousness and discretion								
D. Ability to grasp instructions and plans								
E. Thorough and attentive to necessary details								
F. Attention to duty								
G. Ability to obtain results and get things done								
H. Initiative								
I. Ability to handle and direct people								
J. Ability to analyze and solve problems								
K. Resourceful and constructive in judgment								
L. Shows stability when working under pressure								
M. Potential for Agency development								

14. Is this employee qualified to perform all present duties?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

15. Are there other duties which better suit the employee's qualifications?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If so, what duty or duties?

16. What training do you recommend for this employee?

17. In what specific ways, other than enumerated elsewhere above, can the Agency make better use of this employee's talents and abilities, taking into account both Agency needs and the employee's aptitudes, knowledge, skills and interests?

18. Enter here any remarks pertaining to particular qualifications or lack thereof which are considered pertinent to the evaluation of this employee's performance and potential. Outstanding assets and/or serious limitations should be stated. Also reasons for and recommendations as to reassignment will be given if appropriate to this report.

(If additional space is needed attach extra sheet)

Date

Signature of Employee

Date

Signature of Supervisor

Date

Signature of Reviewing Officer

(If employee and/or Reviewing Officer do not concur with this report, exceptions will be stated in space provided on the reverse side hereof)